

**REQUEST FOR CAPITAL PROJECT* OR FEASIBILITY STUDY
UNIVERSITY OF ILLINOIS URBANA CHAMPAIGN CAMPUS**

Proposed Project Title: _____

Building Name and Number: _____ Room Number(s): _____

Project Description (add additional pages if required):

NASF (net assignable square feet): _____ GSF (gross square feet): _____

Will this project add gross square footage to the facility: No Yes How much added square footage? _____

If answered yes above how will the unit offset the proposed growth per the Net Zero Growth Space Policy?

- Demo current assigned space (attach explanation) Request Provost "Bank" space (attach approval)
- Request Variance from Committee (attach form)

Feasibility Cost Estimate (See Feasibility Rate Scale per GSF): _____

Project Cost Estimate (See Total Project Budget/GSF Rate Scale): _____

Operations/Maintenance Annual Estimate (See New Area Funds-O&M/GSF Rate Scale): _____

Utilities Annual Estimate (See Utility/GSF Rate Scale): _____

Project Type:

- | | | |
|--|---|---|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Site Work | <input type="checkbox"/> Other Construction |
| <input type="checkbox"/> Building Addition | <input type="checkbox"/> Utilities Improvements | <input type="checkbox"/> Feasibility Study |
| <input type="checkbox"/> Master Plan | <input type="checkbox"/> Remodeling | |

Proposed Schedule (month, year):

Start

Finish

Campus Approval	_____	_____
Planning	_____	_____
Project Approval	_____	_____
Architect / Engineer Selection	_____	_____
Feasibility / Conceptualization	_____	_____
Design	_____	_____
Bid / Award	_____	_____
Construction	_____	_____

Proposed Source of Funds (select all that apply):

Dept. Funds _____

State Capital Request _____

R & R _____

Gift/Grant Funds _____

Federal _____

Other (please specify) _____

Required Attachments:

- a. Academic Program Statement (need and expected contribution to educational services)
- b. Relationship to Mission and Long Range Planning (relevance to Campus Strategic Plan)
- c. Alternatives considered
- d. Existing and projected: (1) Personnel; (2) Student Enrollment; (3) Student Contact Hours; (4) Research Funding
- e. Summary of existing space inventory (include net zero growth justification if required)
- f. Donor feasibility (Assoc Chancellor for Development)

Requesting Individual: _____ Dept.: _____

Approved by:

Director / Department Head (signature required) _____ Print Name Date: _____

Dean (VCAA units only) (signature required) _____ Print Name Date: _____

VCR / VCSA or Designee (signature required) _____ Print Name Date: _____

Provost or Designee (signature required) _____ Print Name Date: _____

Delegated Authority Limits, Definitions, Instructions, and Rate Guidelines

Capital Projects have a Total Project Budget of \$250K or greater. Non Capital Projects should be submitted to <https://my.fs.illinois.edu>

Campus Approval: By obtaining the required signatures, per the levels noted below, the requesting Unit may proceed with the project development process. New Buildings, Major Additions, or Total Renovations will require additional campus review and approval prior to proceeding with project development.

Deans may approve projects and Feasibility Studies up to \$500K. Projects and Feasibility Studies greater than \$500K require the Provost's signature as well.

VCR, Vice Chancellor for Research, may approve projects up to \$1M. Projects greater than \$1M require the Provost's signature as well.

DIA may approve projects up to \$500K. Chancellor's Office may approve projects up to \$1M. Projects greater than \$1M require the Provost's signature as well.

VCSA, Vice Chancellor for Student Affairs, may approve projects up to \$5M. Projects greater than \$5M require the Provost's signature as well.

Electronically forward completed form and required attachments to F&S Capital Programs Division at:
CampusCapitalApproval@illinois.edu

Project Approval: Board of Trustee (BOT) delegated approval will proceed following project development, acceptance of prepared Program Statement and receipt of executed funding commitment.

These rates are to be used for budgeting purposes only:

Feasibility Rate Scale	Low	High	Average
Feasibility Studies/GSF	\$2.50	\$4.00	\$3.25

Utility/GSF Rate Scale	Average	Escalation Rate per year
Offices/Classrooms	\$3.67	2.50%
Research Labs	\$6.89	2.50%
Libraries/Museums	\$3.56	2.50%

O&M/GSF Rate Scale	Average	Escalation Rate per year
Offices/Classrooms	\$5.72	2.50%
Research Labs	\$12.09	2.50%
Libraries/Museums	\$6.12	2.50%

Total Project Budget/GSF Rate Scale	Low	High	Average	Escalation Rate per year
Offices/Classrooms				
new space	\$300	\$440	\$390	5.25%
remodeled space	Varies	\$400	\$250	5.25%
Research Labs				
new space	\$500	\$850	\$700	5.25%
remodeled space	\$350	\$700	\$500	5.25%
Libraries/Museums				
new space	\$300	\$600	\$450	5.25%
remodeled space	\$200	\$500	\$350	5.25%

Form Approved by the Office of the Provost May 2013

(For office use only)

Date Received: _____ Planner/Project Manager Assigned: _____

Date Assigned: _____ Project Number: _____

Feasibility Studies and Projects greater than \$1M: copy of executed documents distributed to all CCRC members